

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33379

State File No. ....

FILED SEP 25 1952

BIRTH NO. .... REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8484

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Enroute City Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>23 1778 Mississippi Av</b>	
3. NAME OF DECEASED (Type or Print) <b>Josephine</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 7 1952</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Oct 19 1886</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Austria Hungaria</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>John Sadorf</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>John Sadorf</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Ruptured heart</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		19. DATE OF OPERATION 21a. ACCIDENT SUICIDE-HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 21f. HOW DID INJURY OCCUR? <b>4222</b>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>8:00 A</b> m., from the causes and on the date stated above.		23a. SIGNATURE <b>Patrick J. Ryan</b> (Degree or title) 23b. ADDRESS <b>1303 Clark Av</b> 23c. DATE SIGNED <b>9/10/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9/10/52</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>New St Marcus Cemetery</b>		24d. LOCATION (City, town, or county) <b>St Louis Mo.</b>	
DATE REC'D BY LOCAL REG. <b>SEP 9 1952</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Moydell Funeral Home</b> ADDRESS <b>1926 Allen Av</b>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

working under my personal supervision.

Signed.....  
Student Embalmer

Signed

Student Embalmer No.

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.